

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	└─┐	└─┐	└─┐	└─┐	└─┐	TOTAL IND.	└─┐	└─┐	└─┐	└─┐	└─┐	└─┐
TOTAL DEP.	17	└─┐	└─┐	└─┐	└─┐	└─┐	TOTAL DEP.	└─┐	└─┐	└─┐	└─┐	└─┐	└─┐
TOTAL CLAIMS	18						TOTAL CLAIMS						